

**UPDATE HH INFO (Internal use only)**

**CITY OF PHOENIX FAMILY SERVICES CENTERS SERVICE QUESTIONNAIRE**

**Appointment Type:** \_\_\_\_\_

**Travis L. Williams**  
4732 S. Central Ave.  
85040  
(602) 534-4732 - Office

**John F. Long**  
3454 N. 51<sup>st</sup> Ave.  
85031  
(602) 262-6510 - Office

**Sunnyslope**  
914 W. Hatcher Rd.  
85021  
(602) 495-5229 - Office

**Appointment Date:** \_\_\_\_\_

**Emergency Assistance Appointment Line: (602) 534-AIDE or (602) 534-2433  
Toll Free: 1-(866)-882-1778**

<b>Date of Birth</b>	<b>First Name</b>	<b>Last Name</b>		<b>Middle Initial</b>
<b>Social Security Number</b>	<b>Gender (Circle):</b> Male / Female/ Other	<b>Ethnicity:</b> Hispanic/ Latino/ None	<b>Race:</b>	
<b>Street Address</b>	<b>Apt/Lot/Unit</b>	<b>City</b>	<b>Zip Code</b>	
<b>Housing Type: (Circle)</b> Rent / Own / Subsidized Housing / Homeless/ Permanent Housing/ Other:	<b>Monthly Housing Payment:</b> \$	<b>Phone # (Cell / Home / Message)</b> ( )	<b>Work Phone #</b> ( )	
<b>Medical Insurance Type?</b>	<b>Last School Grade Completed?</b>	<b>Citizenship Status?</b>		
<b>Work Status?</b> Employed Full Time/ Part Time/ Migrant Seasonal Farm Worker/ Unemployed less than 6 months/ Unemployed more than 6 months/ On Leave/ Disabled/ Retired/ Other: _____ _____	<b>Marital Status</b> Never Married / Married/ Widowed / Separated / Divorced / Partner/ Other: _____ _____	<b>How long have you lived in Arizona?</b> Years: _____ Months: _____	<b>How long have you lived in Maricopa County?</b> Years: _____ Months: _____	
<b>Do you want assistance with finding employment?</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Is anyone in your household?</b>  Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____ Elderly (60+) <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____ Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____ Homebound <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____ Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____ Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____			

**Briefly explain what caused you to seek help with financial assistance:**

\_\_\_\_\_

We can work together towards a solution through case management.

Case management is a way for us to work together to help support you through your concerns. We will work in partnership to create an action plan with goals that you wish to reach. We'll help you find resources and ways to help you reach those goals.

Are you interested in case management? Yes\_\_\_\_ No\_\_\_\_



**PLEASE SHOW FOR YOURSELF AND ALL HOUSEHOLD MEMBERS THE FOLLOWING:**

- 1) ALL MONEY RECEIVED (GROSS INCOME BEFORE DEDUCTIONS) FOR THE LAST 30 DAYS
- 2) ALL OF YOUR BILLS FOR THE LAST 30 DAYS FOR ALL HOUSEHOLD MEMBERS

ARE YOUR UTILITIES ON or OFF? (Circle)

CIRCLE YOUR UTILITY COMPANY:    APS            SRP            SW GAS

DO YOU PAY CITY OF PHOENIX WATER?            YES \_\_\_\_\_ NO \_\_\_\_\_

**A. Job/Employment (For ALL Household Members)**

Any full or part-time work, day labor, babysitting, landscape, repairing cars, housekeeping, etc.

Name of Individual Receiving Income	Date Received	Gross Amount

**Expenses:**

1. Electricity: \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number \_\_\_\_\_
2. Water: \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number \_\_\_\_\_
3. SW Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number \_\_\_\_\_

**B. Social Security (SS, SSI, SSDI)**

Name of Individual Receiving	Date Received	Gross Amount

4. Car Payment/ Transportation \$ \_\_\_\_\_
5. Child/ Dependent Care \$ \_\_\_\_\_

**C. Government Assistance (Cash Assistance, TPEP, Grant Diversion)**

Name of Individual Receiving	Date Received	Gross Amount

6. Food \$ \_\_\_\_\_

**D. Supplemental Nutrition Assistance Program**

Name of Individual Receiving	Date Received	Gross Amount

**E. Unemployment Insurance, Workman's Compensation**

Name of Individual Receiving	Date Received	Gross Amount

**F. Child Support (For all states, if applicable)**

Name of Individual Receiving	Date Received	Gross Amount

**I. Alimony/ Spousal Support**

Name of Individual Receiving	Date Received	Gross Amount

**G. Other Income (Per Capita; Retirement/Pension, etc.)**

Name of Individual Receiving	Date Received	Gross Amount

**H. VA (Veterans' Comp., VA Service-Connected Disability/ VA Non-Service-Connected Disability)**

Name of Individual Receiving	Date Received	Gross Amount

I certify the above information is a true and accurate statement of my living circumstances. I authorize the City of Phoenix to verify the information provided by me to determine eligibility for assistance.

X \_\_\_\_\_  
CLIENT (APPLICANT) SIGNATURE

**Human Services Department  
Community and Senior Services Division  
AUTHORIZATION FOR RELEASE OF INFORMATION**

Client Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ (print full name exactly as on document), hereby authorize the City of Phoenix Human Services Department and the utility companies that provide or provided me services to release any and all information requested concerning myself or my household members to ensure a thorough assessment of my household's situation is completed. I understand the completion of an assessment is not a guarantee financial services will be provided.

I hereby authorize the City of Phoenix Human Services Department and the utility companies to share and exchange information concerning myself or any member of my household with the following organizations:

- Arizona Department of Economic Security**
- Social Security Administration**
- Landlord or Mortgage Company listed on this questionnaire**
- SRP/SWG/APS/City of Phoenix Water Services Department**
- Current, Past or Prospective Employers**
- Wildfire (dba Arizona Community Action Association)**
- All City of Phoenix Departments**

I understand I may revoke this authorization at any time, except to the extent action based on this authorization has already been taken. Unless I revoke this authorization earlier it will expire six months from the date of my signature. If requested, I understand this document may be provided to any and all the agencies/persons identified on this release of information.

X Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City of Phoenix  
Human Services Department  
AFFIDAVIT OF IDENTITY/AFFIDAVIT OF DOCUMENTATION**

I, \_\_\_\_\_ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I presented documentation to the City of Phoenix for the purpose of obtaining a benefit from the City, that I am lawfully present in the United States, and that I am the person stated on the document.

X Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Request**

Are you willing to discuss your experience at the City of Phoenix Family Services Center with the media (newspaper and/or television reporters, phone interview, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how do you prefer to be contacted? Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

If you answered yes, your information will be forwarded to the Arizona Community Action Association who will contact you for additional information.

**Participant Input:**

Would you be interested in becoming a board member for the Human Services Department Human Services Commission? Your participation would provide a voice for low-income residents of the City of Phoenix. Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, your information will be forwarded to a City of Phoenix staff member who may contact you for additional information as well as provide you more details about this opportunity.

**Authorized staff use only:**

- Verification of Income
- Verification of HH address/ occupancy
- Verification of school enrollment